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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF TRANSMISSION (37 CFR 1.10)

Applicant(s): Shi-You Ding

Atty Docket No.

NREL 01-36

Application No.	Filing Date	Examiner	Group Art Unit
09/917,376	July 28, 2001	Sheridan Swope	1652

Title: Thermal Tolerant Avicelase From *Acidothermus cellulolyticus*Date of Transmittal: February 8, 2006

I hereby certify that the following documents:

1. Transmittal Form (1 page)
2. Amendment (20 pages)
3. Appendix A (38 pages)
4. Appendix B (39 pages)
5. Return postcard

are being transmitted via Express Mail (Label No. EV196803675US) to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated above.

Name of Depositor/Transmitter

MiMi Nguyen

Signature of Depositor/Transmitter



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/917,376
Filing Date	July 28, 2001
First Named Inventor	Shi-You Ding
Art Unit	1652
Examiner Name	Swope, Sheridan

Attorney Docket Number

NREL 01-36

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Appendix A, Appendix B Certificate of Transmission Return postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Lathrop & Gage, L.C.		
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